

CAP-MR/DD Instructions Special Requirements for Question #8

Auditors: For each service event audited, check the special requirement below and determine if the evidence presented adequately meets the criteria. If so, rate Q8 as “1=Met”. If the special requirement is not evident, rate Q8 as “0=Not Met”.

Adult Day Health

Services must include health services and a variety of program activities.

Targeted Case Management

- One face-to-face contact per month. **This is a State Plan Service.** Provider agencies **can not provide** this service and any Waiver services to the same person

Crisis Services

- Offered in the setting(s) where the person receives services (residence, day program, respite – but no MR Center, ICF-MR, school, hospital) – for up to 14 consecutive days. May not receive over 2,016 hours per Waiver year.

Day Supports

- Takes place in non-residential setting, separate from the home or facility in which the individual resides. Provided by Licensed Day facility only. Transportation is inclusive and travel time is NOT service time. May not be provided on the same day as Adult Day Health.

Home and Community Supports

- Only the community component of this service can be used by licensed residential settings or unlicensed alternative family living arrangements. Does not replace residential support provider's responsibility to provide support to people in the community but is intended to support community activities that are not provided through a licensed day program.
- This service can be provided in the individual's private residence or/and the community.

MR Personal Care Services / Enhanced Personal Care

- MRPC may not be billed when the direct service employee accompanies the person during medical transportation and medical visits. Persons living in licensed residential facilities, licensed alternative family living (AFL) homes, licensed foster care homes or unlicensed alternative family living homes serving (1) one adult may NOT receive this service.
- Enhanced services must reflect need in POC.

Residential Supports

- This service does not include payments made directly/indirectly to members of the individual's immediate family- parent, stepparent of a minor child or spouse.
- This service does not include routine care and supervision that would be expected by family or group home provider, or for activities or supervision for which a payment is made by a source other than Medicaid.
- May not receive State Plan Adult Care Personal Care Services or Waiver Personal Care Services with Residential Support services because it is included within the definition.
- Residential supports includes the ability to provide training, habilitation and support in the community for activities such as shopping, access to transportation, etc. that are related to home living. This service was designed to provide flexibility and reflect the natural flow of a person's day.

NOTE: The community component of Home and Community Supports may be used with Residential Supports ONLY in order to meet the Day programming needs of Individuals who have chosen NOT to receive Day programming through a licensed facility.

Respite Care (all types)

- May not be used as a daily service in treatment planning.
- May not be used when the person resides outside his/her family home and goes home for a family visit.
- May not be used in licensed group home or Adult Care Homes.
- Staff sleep time is not reimbursable.
- Can not be provided by anyone residing in the individual's primary place of residence.
- 24 hour respite can not exceed average per diem rate for community ICF facility.
- Enhanced service must reflect need in POC.

Supported Employment (Individual / Group)

- A case manager must document that the service is not funded by VR or the school system through formal correspondence with these agencies prior to the authorization of this service.
- Must be reviewed every 6 months by the LME for continuing authorization upon achievement of outcomes listed in the plan of care.

Transportation

- Must be documented in the Plan of Care as necessary in order for the individual to participate in an inclusive community life. Limited to \$1,200 per year per person.
- Whenever possible family, neighbors, friends, or community agencies that can provide this service without charge, will be utilized.
- No additional payments will be made to provider agencies to provide transportation to/from the person's residence and the site of a habilitation service when it is established in the rate paid to the provider.